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Exploring Euthanasia: A Comparative Legal Analysis of India's Constitutional Approach and Global Practices

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Abstract Euthanasia, which is the act of intentionally ending a life to relieve suffering, is still a controversial issue around the world with big legal, moral, and cultural effects. This study looks at the laws around euthanasia in India, with a focus on how they have changed throughout time in the Constitution and the courts. India allows passive euthanasia with tight rules, but it does not allow active euthanasia. The study uses a doctrinal approach and compares India's approach to those of other countries, including as the Netherlands, Belgium, Canada, and the United States, where euthanasia laws are less strict. This article looks at the ethical, legal, and medical issues that come up while trying to put euthanasia legislation into place by looking at important Indian Supreme Court cases including Aruna Shanbaug v. Union of India (2011) and Common Cause v. Union of India (2018). It also looks into the roles of judicial monitoring, medical ethics, and keeping weak people safe. The report calls for a more comprehensive set of laws in India, using the best practices from throughout the world and taking into account India's own social and cultural situation. This study adds to the continuing discussions about euthanasia by recommending a balanced strategy that protects people from possible abuse while also respecting their freedom.

Key Words Euthanasia, Mercy Killing, Right to Die, Constitutional Law, Indian Constitution, Human Rights, Legal Framework, Comparative Analysis, India, Passive Euthanasia, Autonomy, Ethical Considerations

INTRODUCTION

Euthanasia comes from the Greek words eu (good) and thanatos (death), which mean a peaceful or dignified death. People have been arguing about the moral and legal ramifications of euthanasia since ancient times. For example, Plato and Aristotle had different ideas about whether it was morally right. In today's discussions over euthanasia, the main points of view are personal freedom, medical ethics, and the government's role in making end-of-life decisions. From a utilitarian point of view, thinkers like John Stuart Mill argue for individual freedom, including the right to end one's life if the pain is too much to endure. But legal systems all over the world are still trying to find a balance between protecting people's rights and the state's duty to protect lives and stop possible abuses.

There are two main types of euthanasia: active and passive. Active euthanasia means doing something on purpose to end someone's life, such giving them a deadly injection. Passive euthanasia means stopping or withdrawing life-saving care so that death can happen naturally. Euthanasia is allowed in some places but not in others. Sections 302 and 304 of the Indian Penal Code (IPC) and the newly passed Bharatiya Nyaya Sanhita make active euthanasia a crime in India. But court interpretations have been very important in defining the legal landscape. The Supreme Court of India has recognised passive euthanasia under certain restrictions, as long as it is in the best interests of the patient and follows the law.

Review of Literature

Euthanasia has sparked a lot of scholarly discussion around the world, especially over its moral, legal, and constitutional effects. Several studies have looked at how the laws in different places are changing, the moral problems that doctors face, and what it would mean to recognise euthanasia as a constitutional right. This study brings together important information on euthanasia, with an emphasis on India and how it compares to other countries. It also talks about the different legal, medical, and ethical points of view that impact the conversation.

Legal Approaches to Euthanasia

Laws of euthanasia are very different from one place to another because of differences in culture, ethics, and the law. Euthanasia has been permitted in the Netherlands since 2001, but only under tight conditions. The "Termination of Life on Request and Assisted Suicide Act" lets doctors do euthanasia as long as specific safety measures are in place. Van der Maas *et al.* [1] say that the Dutch approach puts a lot of emphasis on patient autonomy and has rigorous rules in place to stop abuse. The law also makes a clear difference between voluntary euthanasia and assisted suicide, which is more lenient than India's approach. India, on the other hand, only allows passive euthanasia under certain conditions, as shown by court cases like Aruna Shanbaug v. Union of India (2011). Active euthanasia is still against the law. Because of this, India's legal approach is still careful, with a focus on court monitoring and thorough medical examination [2].

The Right to Die with Dignity

The right to die with dignity has been a key point in many countries' arguments around euthanasia. The Supreme Court's decision in Common Cause v. Union of India (2018) made it clear that Article 21 of the Indian Constitution gives people the right to die with dignity. People have praised the court's ruling as a step forward, but passive euthanasia still needs court approval before it can happen, which raises questions about access and the emotional toll it takes on families [3]. In Belgium and Canada, where euthanasia regulations are more lenient, the right to die is seen as an extension of personal freedom. The Medical Assistance in Dying (MAID) law in Canada makes both active euthanasia and physician-assisted suicide permissible. It has been lauded for its clear procedures and strong protections [4].

Attitudes in Asian Healthcare Systems

Policy-oriented research has recently focused on the importance of health insurance in closing gaps in healthcare, especially in Asia. Selvamuthu *et al.* [5] look at how national and regional insurance plans in Asia affect people's ability to get basic health care and make care more fair. Their study shows that some countries, like Japan and South Korea, have almost universal health insurance, while others still have problems with underfunded systems and unequal access, especially for people who live in rural areas or are marginalised. This analysis shows that insurance plans need to be not only widespread but also fair, taking into account language, location, and income level. The authors want policy changes that are both affordable and culturally sensitive to be made together. Their results are very relevant to the euthanasia issue, especially when it comes to making sure that everyone has the same access to end-of-life care alternatives. Economic and systemic constraints can cause differences that are similar to those seen in the delivery of healthcare in general.

Chandrasekar and Lavaraju [6] explore the intersection of criminal law, feminism, and emotion, advocating for a reimagining of legal frameworks that account for the emotional dimensions of gender-based violence and justice. Their work interrogates the "legal unconscious"—a concept that underscores how implicit emotional and gendered biases shape legal interpretation and enforcement. By critiquing the ostensibly rational foundations of criminal law, the authors argue for a feminist jurisprudence that acknowledges trauma, subjectivity, and lived experience. This re-framing is particularly relevant in contexts like euthanasia, where emotional experiences—of pain, autonomy, and dignity—are central to legal interpretation. Just as Chandrasekar and Lavaraju call for an empathetic lens in criminal law, debates on euthanasia demand a legal framework sensitive to suffering, moral agency, and the nuanced realities of terminal illness. The integration of emotional justice into legal thinking offers a valuable perspective for euthanasia policy that transcends binary legality.

The advent of artificial intelligence (AI) in healthcare has transformed surveillance and diagnostic processes, especially in infection control. In their correspondence, Daungsupawong and Wiwanitkit [7], discuss the role of AI in identifying and predicting healthcare-associated infections (HAIs), noting its potential to enhance early intervention and reduce clinical workloads. While the paper focuses on technological innovation, its implications are broader—raising questions about ethical oversight, data privacy, and the human role in clinical judgment. As AI systems grow more autonomous, particularly in critical care and palliative settings, concerns similar to those in euthanasia emerge, such as patient consent, algorithmic bias, and the tension between technology and empathy. The integration of AI into ethically fraught decisions like end-of-life care underscores the importance of clear ethical and legal guidelines—an area where both euthanasia and AI-driven healthcare currently intersect with legal uncertainty.

Shruthi and Damodharan [8] provide a vital contribution to the discourse on end-of-life care (EOLC) by exploring the knowledge, perceptions, and attitudes of medical students and postgraduate trainees in a tertiary care setting in South India. Their study highlights a significant gap in formal education and practical exposure related to EOLC and advance directives, revealing that while many students support the ethical rationale behind such care, few are confident in applying it in clinical practice. This disconnect between theoretical understanding and practical implementation underscores a broader issue within Indian medical education, where palliative care and legal aspects of end-of-life decision-making, including passive euthanasia, receive insufficient emphasis.

The authors also identify hesitancy among trainees in discussing advance directives with patients or families, largely due to legal ambiguity, cultural sensitivities, and fear of litigation. This is particularly relevant in light of the Common Cause v. Union of India (2018) judgment, which recognized passive euthanasia and advance directives but lacked procedural clarity, thereby placing an additional burden on young clinicians. The findings from Shruthi and Damodharan resonate with international literature showing

that early integration of palliative care training—combined with legal literacy—improves both ethical confidence and patient outcomes.

In the context of India's restrictive euthanasia framework, the attitudes of future doctors become crucial. Their readiness to engage with advance care planning directly impacts how legal provisions are interpreted and operationalized at the bedside. Hence, the study underscores the urgent need to incorporate structured training on EOLC, communication skills, and medico-legal responsibilities into undergraduate and postgraduate medical curricula. Without such reforms, the implementation of judicial pronouncements around euthanasia and patient autonomy risks remaining symbolic rather than substantive.

Medical Ethics and Euthanasia

One of the key ethical concerns in the euthanasia debate is the role of medical professionals. The Hippocratic Oath traditionally emphasizes the duty of doctors to preserve life, creating a moral dilemma when physicians are asked to assist in ending a patient's life. Studies like those by Wilkinson [9] highlight the ethical conflict physicians face when considering euthanasia requests, especially in jurisdictions where euthanasia is legal. Some medical professionals argue that euthanasia aligns with the principle of beneficence, aiming to relieve suffering, while others, like the World Medical Association [10], assert that active euthanasia contradicts medical ethics. In India, the Supreme Court's ruling in *Aruna Shanbaug* recognized passive euthanasia but emphasized the need for medical oversight, further complicating the ethical landscape for Indian physicians [11].

Cultural and Religious Considerations

Cultural and religious perspectives significantly influence euthanasia laws. In India, cultural values and religious beliefs play a crucial role in shaping the legal framework surrounding euthanasia. Hinduism, in particular, emphasizes the sanctity of life, and this influences the legal prohibition of active euthanasia in India. On the other hand, secular countries like the Netherlands and Canada, where euthanasia is legal, have developed laws that prioritize individual autonomy over religious constraints [12]. This divergence in cultural attitudes towards euthanasia illustrates the importance of understanding local values when formulating euthanasia laws.

Slippery Slope and Safeguards

One of the most contentious ethical concerns related to euthanasia is the "slippery slope" argument, which posits that legalizing euthanasia could lead to abuses, such as non-voluntary euthanasia or the euthanasia of vulnerable individuals [13]. Studies in countries like Belgium, where euthanasia is legal for minors and individuals with psychiatric disorders, suggest that such concerns are not entirely unfounded [14]. However, others, such as Pralong [15] & Jagannathan & Durairaj [16], argue that with adequate safeguards, such as judicial oversight and medical review, these risks can be minimized. India's model of requiring judicial approval before permitting passive euthanasia is one attempt to prevent such abuses, though the practical implementation of these safeguards remains unclear.

The debate over euthanasia, particularly in India, remains deeply rooted in both legal and ethical considerations. While the Indian judiciary has made significant strides in recognizing the right to die with dignity, the legal framework remains limited and cautious. Comparative studies show that countries with more permissive euthanasia laws, such as the Netherlands and Canada, provide a more structured and transparent process for both patients and medical professionals. However, the ethical dilemmas surrounding euthanasia, particularly regarding the role of medical professionals and the protection of vulnerable individuals, continue to be central to the discourse. The challenge lies in developing a legal framework that balances the need for individual autonomy with the imperative to protect vulnerable individuals and prevent abuse.

Research Problem

The central research problem of this study is to analyse the constitutional validity and the legal framework surrounding euthanasia in India, particularly in comparison with international approaches. The focus is on understanding the nuances of how euthanasia laws are applied, the role of judicial interpretation, ethical dilemmas, and societal concerns. Despite some judicial precedents, there is a lack of legislative clarity in India, which affects the uniformity of euthanasia practices across the country. Additionally, while countries like the Netherlands and Belgium have enacted comprehensive laws, India's stance remains cautious and restrictive, only permitting passive euthanasia under specific conditions. The research explores whether the Indian legal system should expand its framework to allow active euthanasia or maintain its current restrictive approach. The primary question is to what extent does the Indian constitutional framework support euthanasia, and how does the country's legal approach compare to global practices in terms of individual rights, ethical considerations, and judicial oversight?

METHODS

This study adopts a doctrinal research approach, primarily focused on analyzing existing legal texts, judicial rulings, statutes, and academic literature related to euthanasia laws in multiple jurisdictions. By examining the legal frameworks of countries like the Netherlands, Belgium, Canada, the United States, and India, the study aims to identify key differences and similarities in how euthanasia is regulated. The doctrinal analysis is supplemented by normative analysis, which assesses the ethical implications of euthanasia within both social and legal contexts. This normative evaluation explores the tension between individual autonomy, the sanctity of life,

and the state's role in end-of-life decisions. Through this combined approach, the research offers a comprehensive examination of euthanasia's legal and ethical dimensions, with a focus on how India can evolve its framework while respecting both constitutional rights and societal values.

Legal Framework of Euthanasia in India

Article 21 of the Indian Constitution provides the right to life, and the courts have said that this includes the right to die with dignity. Over the years, important court decisions have changed the law on euthanasia and the right to die.

The first important decision was in Maruti Shripati Dubal v. State of Maharashtra (1987), when the Bombay High Court looked at whether Section 309 of the Indian Penal Code (IPC), which makes it a crime to try to kill yourself, was constitutional. The court said that the right to die is part of the right to live under Article 21 and said that Section 309 IPC is not constitutional. The decision said that people who are terminally ill or in terrible pain should be permitted to choose to terminate their lives.

The Supreme Court, on the other hand, changed this decision in Gian Kaur v. State of Punjab (1996). In this case, the petitioners contested their conviction under Section 306 IPC for helping someone commit suicide. They argued that since the right to die is a basic right, then helping someone exercise this right should not be a criminal. The Supreme Court disagreed with this argument and said that the right to life does not encompass the right to die. The court said that life is a natural gift that should be kept alive instead of ending. The Supreme Court agreed with the Bombay High Court's reasoning in Maruti Shripati Dubal, but it said that Section 309 IPC is constitutional. It also said that the right to life includes the right to live with dignity but not to die too soon.

The next important event happened in Aruna Shanbaug v. Union of India (2011), which was about a request for euthanasia for Aruna Shanbaug, a nurse who had been in a persistent vegetative state (PVS) for 37 years after being brutally attacked. The Supreme Court turned down the request for active euthanasia, although it did say that passive euthanasia might be allowed under tight rules. The court said that active euthanasia (intentional action to induce death) and passive euthanasia (stopping life-saving therapy) are different things. It said that passive euthanasia could be allowed in rare instances. The decision set out the rules for when passive euthanasia might be used, one of which was getting permission from a High Court.

The Supreme Court made a clearer decision about euthanasia in Common Cause v. Union of India (2018). They said that the right to die with dignity is a basic right under Article 21. The ruling made passive euthanasia permissible and recognised the validity of living wills. This means that people can write down their medical wishes in advance in case they get terminally sick or become unable to care for themselves. The court set out clear rules on how to carry out passive euthanasia, such as having a judge watch over the process and following medical board recommendations. This decision changed India's attitude to euthanasia in a big way. It made sure that people have the freedom to make their own end-of-life decisions while also protecting against any abuse. So, India's laws about euthanasia have changed from making it a crime to allowing it in some cases while still protecting people from abuse.

Comparative Legal Analysis: Euthanasia in India and Other Jurisdictions

Euthanasia laws vary significantly across jurisdictions, reflecting diverse ethical, cultural, and legal considerations. While India permits passive euthanasia under strict guidelines established by the Supreme Court in *Aruna Shanbaug v. Union of India* (2011) and reaffirmed in *Common Cause v. Union of India* (2018), it continues to prohibit active euthanasia. This framework contrasts with several countries that have adopted more liberal or restrictive approaches.

In the Netherlands, euthanasia and physician-assisted suicide are legal under the Termination of Life on Request and Assisted Suicide Act (2001). This law allows patients experiencing unbearable suffering with no prospect of improvement to request euthanasia, provided they give informed consent and a physician adheres to strict procedural safeguards. Unlike India, where even passive euthanasia requires judicial oversight and extensive medical review, Dutch law allows doctors to perform euthanasia without requiring court approval, as long as they comply with legal conditions. The Netherlands' model reflects a more patient-autonomous approach, while India's legal framework remains cautious, ensuring stringent safeguards against abuse.

Similarly, Belgium legalized euthanasia through the Belgian Euthanasia Act (2002), allowing both voluntary and non-voluntary euthanasia in specific cases. Notably, Belgium permits euthanasia for minors under strict conditions, a provision absent in Indian law. While India's framework emphasizes judicial and medical scrutiny before allowing passive euthanasia, Belgium's law grants doctors significant discretion in performing euthanasia, provided ethical and medical guidelines are met. Belgium's approach is more progressive in recognizing euthanasia as a fundamental choice, whereas India remains hesitant to extend the right beyond passive euthanasia.

In Switzerland, active euthanasia remains illegal, but assisted suicide is permitted under Article 115 of the Swiss Penal Code. Organizations such as Dignitas provide medically assisted dying under regulated conditions, allowing terminally ill patients to seek assistance in ending their lives. Unlike India, where even assisting suicide is criminalized under Section 306 IPC (abetment of suicide), Switzerland's laws emphasize an individual's right to autonomy in end-of-life decisions. The contrast highlights India's restrictive stance, which continues to criminalize assisted suicide while cautiously allowing passive euthanasia under judicial and medical oversight.

In 2016, Canada took a progressive step by making Medical Assistance in Dying (MAID) legal. This was after the Supreme Court's decision in Carter v. Canada (2015), which made it permissible for doctors to help people with serious and unfixable medical illnesses die. Canada's program is more open than India's since it allows both active euthanasia and assisted suicide under certain legal situations. India's legal system is mostly about stopping life-saving treatment in really bad circumstances. Canada's MAID framework, on the other hand, lets doctors take action to terminate a patient's suffering, which shows a more patient-centered attitude.

Laws about euthanasia in the USA are different in each state. Death with Dignity laws have been passed in states including Oregon, Washington, and California. These laws allow doctors to help people die with stringent medical protections. In India, passive euthanasia requires court approval. In the U.S., however, states with euthanasia legislation provide terminally ill individuals the right to make their own decisions while making sure that healthcare providers follow the rules. But euthanasia is still illegal in many states, which makes the U.S. a mixed jurisdiction where regulations are very different from state to state. India's centralised judicial norms make sure that things are the same all over the country, while the U.S. has a decentralised approach.

Colombia stands out as the first Latin American country to legalize euthanasia. The Constitutional Court's ruling in *Judgment C-239* (1997) recognized euthanasia as a fundamental right under the right to dignity. Colombia's legal framework permits both active and passive euthanasia, making it one of the most progressive nations on the issue. In contrast, India's framework remains cautious, recognizing only passive euthanasia and requiring stringent judicial approval. Colombia's approach prioritizes personal autonomy, whereas India's model seeks to balance individual rights with state intervention.

In the United Kingdom, euthanasia remains illegal, but the House of Lords ruling in *Airedale NHS Trust v. Bland* (1993) allowed the withdrawal of life-sustaining treatment in cases of persistent vegetative state. This is similar to India's stance post-*Aruna Shanbaug*, where the Supreme Court permitted passive euthanasia while prohibiting active euthanasia. However, unlike India, where the process requires extensive judicial oversight, the UK allows medical practitioners and families to make such decisions with legal approval, making the process more streamlined.

Finally, Spain and France have debated euthanasia laws in recent years. Spain legalized euthanasia in 2021, granting terminally ill patients the right to die with medical assistance. France is currently considering similar legislation. Compared to India, Spain's model offers a more progressive approach, allowing voluntary euthanasia under regulated conditions, whereas India continues to emphasize passive euthanasia with strict judicial oversight.

In conclusion, India's approach to euthanasia remains cautious and restrictive, permitting only passive euthanasia under Supreme Court-mandated guidelines. In contrast, countries such as the Netherlands, Belgium, and Canada have embraced broader euthanasia laws, prioritizing patient autonomy. Meanwhile, jurisdictions like the UK and the U.S. maintain a mixed stance, allowing passive euthanasia while criminalizing active euthanasia in most cases. India's legal framework reflects its ethical and cultural considerations, aiming to balance individual rights with safeguards against misuse. However, as global perspectives on euthanasia evolve, India may eventually reconsider its position to align with emerging human rights standards.

In Table 1, The contrasting legal models highlight differing societal attitudes toward euthanasia. Countries like the Netherlands and Belgium, which emphasize autonomy and the right to die with dignity, have more liberal frameworks. In contrast, countries like Switzerland and the U.S. have more cautious or decentralized approaches, focusing on safeguards against potential misuse. India's legal stance on euthanasia is far more restrictive, only permitting passive euthanasia under stringent judicial oversight. This comparison suggests that India's current framework could be enhanced by adopting aspects of more progressive legal models, especially in addressing patient autonomy while maintaining strict safeguards to prevent abuse.

Ethical and Legal Considerations in Euthanasia

Euthanasia presents a complex intersection of ethical dilemmas and legal principles, requiring a careful balance between individual rights and societal interests. One of the primary considerations is the conflict between autonomy and state interest. The right to die with dignity has been recognized in various jurisdictions as an extension of the right to life under constitutional frameworks, such as in *Common Cause v. Union of India* (2018), where the Supreme Court of India affirmed that the right to live with dignity under Article 21 includes the right to refuse medical treatment. However, the state has a compelling interest in preserving life, preventing potential abuse, and ensuring that euthanasia does not

Table 1: Comparative Legal Frameworks on Euthanasia

Country	Active Euthanasia	Passive Euthanasia	Assisted Suicide	Legal Safeguards
Netherlands	Yes	Yes	Yes	Informed Consent, Multiple doctors approval
Belgium	Yes	Yes	Yes	Consent, Medical Evaluation, Minors (Strict conditions)
Switzerland	No	No	Yes	Non-coercion, Patient autonomy
Canada	Yes	Yes	Yes	MAID law, Grievous and irremediable conditions
United States of America	No (Federal Govt)	Yes (Few States)	Yes	Strict procedural safeguards in Oregon, Washington & California

Table 2: Judicial Precedents in India

Case	Year	Key Issue	Judgement	Impact on Euthanisa Law
Maruti Shripati Dubal v. State of Maharasha	1987	Section 309 IPC (Attempted suicide)	Section 309 IPC declared unconstitutional	Paved way for right to die with dignity discourse
Gian Kaur v. State of Punjab	1996	Right to die	Right to life does not include right to die	Affirmed life preservation over euthanasia
Aruna Shanbaug v. Union of India	2011	Passive Euthanasia	Passive euthanasia permitted under strict guidelines	Established passive euthanasia under judicial review
Common Cause v. Union of India	2018	Right to die with dignity	Passive euthanasia and living wills legalized	Reaffirmed judicial oversight and autonomy in end-of-life decisions

become a tool for coercion, particularly against vulnerable populations. This legal tension is evident in the U.S., where states like Oregon allow physician-assisted dying, while federal law continues to criminalize euthanasia.

Another critical issue is medical ethics, particularly the role of physicians in end-of-life decisions. The Hippocratic Oath, which traditionally emphasizes "do no harm," creates a moral and professional dilemma for doctors involved in euthanasia. While some argue that alleviating unbearable suffering aligns with medical ethics, others contend that actively ending life contradicts the fundamental duty of healthcare providers. In *Aruna Shanbaug v. Union of India* (2011), the Indian Supreme Court acknowledged this ethical conflict while permitting passive euthanasia under strict medical supervision. In contrast, Canada's Medical Assistance in Dying (MAID) framework explicitly integrates physician-assisted death into its healthcare system, demonstrating a shift in how medical ethics are interpreted in different legal systems.

The slippery slope argument raises concerns about potential misuse of euthanasia, particularly for individuals who may be coerced due to age, disability, or economic hardship. Critics cite the expansion of euthanasia laws in Belgium and the Netherlands, where it is now available to minors and individuals with psychiatric disorders, as evidence that legalizing euthanasia may lead to unintended consequences. In India, strict safeguards outlined in *Common Cause* aim to prevent such abuse by requiring judicial oversight and multiple layers of medical evaluation before passive euthanasia is permitted. Similarly, in the UK, *Airedale NHS Trust v. Bland* (1993) allowed the withdrawal of life support for patients in a persistent vegetative state, but euthanasia remains illegal due to concerns over potential overreach.

Finally, religious and cultural factors play a significant role in shaping euthanasia laws. Many religious traditions, including Hinduism, Christianity, and Islam, consider life sacred and oppose any form of intentional death. This perspective influences legal frameworks in countries like India, where euthanasia is permitted only in extreme cases, and even assisted suicide remains criminalized under Section 306 of the IPC. In contrast, secular nations such as the Netherlands and Canada prioritize individual autonomy over religious considerations, leading to more permissive euthanasia laws. The ongoing debate in France and Spain further reflects the tension between evolving societal attitudes and deep-rooted cultural and religious beliefs.

Thus, euthanasia remains a legally and ethically contentious issue worldwide. While some jurisdictions prioritize personal choice and medical relief from suffering, others emphasize the protection of vulnerable individuals and adherence to traditional ethical principles. India's approach, which permits passive euthanasia under stringent conditions while prohibiting active euthanasia and assisted suicide, reflects a cautious balance between individual rights and societal safeguards. However, as global perspectives evolve, legal frameworks may continue to shift in response to changing ethical, medical, and cultural considerations.

In Table 2, India's judicial approach to euthanasia reflects a delicate balance between protecting life and respecting personal autonomy. While the *Gian Kaur* case reaffirmed the sanctity of life, subsequent rulings like *Aruna Shanbaug* and *Common Cause* recognized that individuals have the right to die with dignity, albeit with stringent safeguards. The evolving legal perspective demonstrates a shift towards more compassionate end-of-life choices, but with an emphasis on preventing abuse, particularly for vulnerable individuals. Unlike more permissive systems abroad, India's judicial oversight remains a key feature, ensuring that euthanasia is only allowed under strictly regulated conditions. This cautious yet progressive approach indicates a potential path for India to further refine its euthanasia laws, balancing individual autonomy with societal and ethical considerations.

CONCLUSIONS AND RECOMMENDATIONS

The issue of euthanasia remains a complex and evolving legal, ethical, and social challenge. While Indian courts have made significant strides in recognizing the right to die with dignity through passive euthanasia, the absence of a robust legislative framework has led to inconsistencies in its implementation. The Supreme Court's decisions in *Aruna Shanbaug v. Union of India* (2011) and *Common Cause v. Union of India* (2018) have established judicial safeguards, but without statutory backing, medical practitioners and families continue to face uncertainty in end-of-life decisions. In contrast, countries like the Netherlands, Canada, and Belgium have enacted comprehensive euthanasia laws, ensuring clarity in medical and legal procedures while minimizing the risks of misuse. These international experiences demonstrate that a well-regulated framework

with stringent safeguards can address concerns related to coercion, ethical dilemmas, and medical oversight.

For India to develop a more effective approach to euthanasia, the following measures are recommended:

- **Legislative Clarity:** Enacting a comprehensive euthanasia law is essential to provide clear procedural guidelines. The absence of statutory provisions creates ambiguity, leading to case-by-case adjudication rather than a uniform legal process. A structured law, similar to Canada's Medical Assistance in Dying (MAID) legislation, would help streamline euthanasia procedures while maintaining strict eligibility criteria.
- **Medical Oversight:** Establishing specialized medical review boards at the national and state levels would ensure that euthanasia requests are thoroughly examined. Such boards should consist of medical professionals, legal experts, and ethicists who can assess the medical condition, mental capacity, and voluntariness of patients requesting euthanasia. This would prevent potential abuses and ensure that only those with genuine and irreversible suffering can access euthanasia.
- **Public Discourse:** Given India's diverse cultural and religious landscape, a nationwide debate involving medical professionals, legal experts, religious leaders, and civil society is necessary. Public consultation can help shape euthanasia laws that align with India's ethical and societal values, ensuring broader acceptance and legitimacy.
- **Judicial Review:** While judicial oversight has been a key feature in India's euthanasia rulings, a more structured mechanism is required to prevent delays and ensure accessibility. Courts should act as a safeguard against coercion and misuse while allowing terminally ill individuals a dignified death without unnecessary bureaucratic hurdles. A fast-track judicial process for euthanasia cases, as seen in some European models, could balance both protection and efficiency.

The legalisation of euthanasia should be undertaken with caution, prioritising dignity, autonomy, and well-being in legal and policy deliberations. A comprehensive legislative framework, integrating insights from international best practices while considering India's own socio-cultural issues, can facilitate a compassionate and equitable approach to end-of-life decisions. Euthanasia legislation should ultimately empower individuals, maintain ethical medical standards, and protect against any exploitation.

As international views on euthanasia progress, it is imperative for India to participate in a transparent, evidence-driven discourse regarding the ethical, medical, and legal aspects of euthanasia. India can ensure its legal system stays pertinent, humane, and effective in protecting the rights and dignity of individuals at the end of life only by doing so. The future of euthanasia legislation in India hinges on reconciling the fundamental right to die with dignity with essential protections to avert misuse—a strategy that embodies a profound dedication to justice, human rights, and the sanctity of life.

Euthanasia should not be perceived merely as a dichotomy of life and death; rather, it constitutes a complex ethical and legal dilemma necessitating meticulous examination of personal autonomy, medical ethics, societal standards, and legal protections. The Indian legal system possesses the capacity to establish a global benchmark for reconciling these conflicting interests and safeguarding the dignity and rights of its citizens, especially in their final moments.

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